ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):	FOR COURT USE ONLY
TELEPHONE NO.: FAX NO.:	
ATTORNEY FOR (Name):  SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO  COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101-3814  FAMILY COURT BUILDING, 1555 6TH AVE SAN DIEGO, CA 92101-3294  MADGE BRADLEY BUILDING, 1409 4TH AVE SAN DIEGO, CA 92101-3105  NORTH COUNTY DIVISION, 325 S. MELROSE DR VISTA, CA 92083-6651  EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020-3941  SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910-5649	
PETITIONER(S)	
RESPONDENT(S)	
DECLARATION OF SERVICE BY MAILING AND POSTING IN LIEU OF PUBLICATION (CCP 413.30)	CASE NUMBER
I, the undersigned, declare that: I am over the age of 18 years and not a parresident of, the County of San Diego, California where the mailing and posting occurr	
Pursuant to a Court Order dated, I:	
(1) Mailed a copy of the Summons, in an envelope addressed to the Responde follows: Name:	·
Address:	
City, State, Zip:	
The envelope was then sealed and, with postage thereon fully prepaid, de Service at  San Diego  Vista  El Cajon  Chula Vista  on	posited by me in the United States Posta, California
(2) Posted a copy of the Summons on in one public the business office/lobby of the courthouse at the address indicated above. 28 days and was removed by me on	place, namely the bulletin board located in Said Summons was posted for a period o
(3) Served a copy of the Summons, Petition and other necessary document closest blood relative who is:	s by first class mail on the Respondent's
Name:	
Located at:	
In the City and State of:	
I declare under penalty of perjury that the foregoing, including any attachment, is executed at, California on	
Print/Type Name Signature	